

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

Citation 3.1 Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h)  
of the  
Immigration and  
Nationality Act

(a)(6) Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
  - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
  - (B) Are children under 18 years of age; or
  - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

Revised 10-01-91

TN No. 92-03

Supersedes

TN No. \_\_\_\_\_

Approval Date

FEB 27 1992

Effective Date

OCT - 1 1991

HCFA ID: 7982E

STATE	<u>OKlahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APP'D	<u>FEB 27 1992</u>	
DATE EFF	<u>OCT - 1 1991</u>	
HCFA ID#	<u>92-03</u>	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

Citation 3.1(a)(6) Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act (iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act (a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and 1920 of the Act LX (a)(8) Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55 (a)(9) EPSDT Services.

50 FR 43654  
1902(a)(43),  
1905(a)(4)(B),  
and 1905(r) of  
the Act

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

New 10-01-91

TN No. 9803  
Supersedes  
TN No. \_\_\_\_\_

Approval Date FEB 27 1992

Effective Date OCT - 1 1991

HCFA ID: 7982E

STATE	<u>Oklaoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APPV'D	<u>FEB 27 1992</u>	
DATE EFF	<u>OCT - 1 1991</u>	
HCFA 179	<u>98-03--</u>	

Revision: HCFA - Region VI  
November 1990

State OKLAHOMA

Citation

42 CFR Part  
440, Subpart B  
42 CFR 441.15  
AT-78-90  
AT-80-34

Section 1905(a)(4)(A)  
of Act (Sec. 4211(f)  
of P.L. 100-203).

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☐ Yes, to all

☐ Yes, to individuals age 21 or over; nursing facility services are provided.

☒ Yes, to individuals under age 21; nursing facility services are provided.

☒ No; nursing facility services are not provided.

☐ Not applicable; the medically needy are not included under this plan

STATE <u>Oklaoma</u>	A
DATE REC'D <u>JAN - 7 1991</u>	
DATE APP'D <u>JAN 17 1992</u>	
DATE EFF <u>OCT - 1 1990</u>	
HCFA 179 <u>90-24</u>	

Revised 10-01-90

TN #

Supersedes

TN # 86-6

Approval Date JAN 17 1992 Effective Date OCT - 1 1990

Revision: HCFA-PM-93-8 (BPD)  
December 1993

State/Territory: OKLAHOMA

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

STATE <u>Oklahoma</u>	A
DATE REC'D <u>1-4-94</u>	
DATE APPV'D <u>2-3-94</u>	
DATE EFF <u>10-1-93</u>	
HCFA 179 <u>93-22</u>	

TN No. 93-22 Revised 10-01-93  
Superseded  
TN No. 92-03 Approval Date 2/2/94 Effective Date 10/1/93

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State OKLAHOMA

Citation  
42 CFR 440.260  
AT-78-90

3.1(d) Methods and Standards to Assure  
Quality of Services

The standards established and the  
methods used to assure high quality  
care are described in ATTACHMENT 3.1-C.

EN # 78-3

Supersedes

EN #       

Approval Date 3/20/78

Effective Date 2/1/78

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State OKLAHOMA

Citation: 3.1(e) Family Planning Services

42 CFR 441.20

AT-78-90

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

78-3

rsedes

Approval Date 3/20/78 Effective Date 2/1/78

Revision: HCFA-PM-87-5 (BERC)  
APRIL 1987

OMB No.: 0938-0193

State/Territory: Oklahoma

Citation

42 CFR 441.30

AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)  
of the Act,  
P.L. 99-272  
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

STATE	<u>OK</u>
DATE REC'D	<u>JUL 29 1987</u>
DATE APP'D	<u>SEP 11 1987</u>
DATE EFF	<u>APR 1 1987</u>
HCFA 179	<u>87-11</u>

A

Revised 04-01-87

TN No. 87-11

Supersedes

TN No. 28-3

Approval Date SEP 11 1987

Effective Date APR 1 1987

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: Oklahoma

Citation  
42 CFR 431.110(b)  
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of  
the Act,  
P.L. 99-509  
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

☐ 30 consecutive days;

☐ \_\_\_ days (the maximum number of inpatient days allowed under the State plan);

- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

☐ Yes. The requirements of section 1902(e)(9) of the Act are met.

☒ Not applicable. These services are not included in the plan.

A	
STATE	OK
DATE RECD	JUN 29 1987
DATE APYD	JAN 11 1988
DATE EFF	APR 1 1987
HCFA 129	87-9

Revised 04-01-87

No. 87-9  
Supersedes  
TN No. 78-3

Approval Date JAN 11 1988

Effective Date APR 1 1987

HCFA ID: 1008P/0011P



Revision: HCFA=PM-97-3 (CMSO)  
December 1997

State: OKLAHOMA

Citation                      3.1 Amount, Duration, and Scope or Services (Cont.)

1902(a)(10)(E)(ii)  
and 1905(s) of  
the Act

(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)(I),  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-Income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(iv) Qualifying Individual-1  
(QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

1902(a)(10)(E)(iv)(II),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(v) Qualifying Individual-2  
(QI-2)

The Medicaid agency pays the portion of the increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.

STATE	OK	A
DATE	3-20-98	
DATE	4-10-98	
DATE	1-1-98	
HCFA 174	98-0504	

Revised 01-01-98

TN No. 98-0488

Supersedes 98-05

Approval Date 4-10-98

Effective Date 1-1-98

TN No. 93-08

Revision: HCFA-PM-93-2 (MB)  
MARCH 1993

State: OKLAHOMA

Citation

1843(b) and 1905(a)  
of the Act and  
42 CFR 431.625

(iv) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- X All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).
- Individuals receiving title II or Railroad Retirement benefits.
- Medically needy individuals (FFP is not available for this group).

1902(a)(30) and  
1905(a) of the Act

(2) Other Health Insurance

— The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

STATE	<i>Oklahoma</i>	A
DATE REC'D	APR 06 1993	
DATE APPV'D	MAY 03 1993	
DATE EFF	JAN 01 1993	
HCFA 179	93-08	

TN No. 93-08 Revised 01-01-93  
Supersedes 92-03 Approval Date MAY 03 1993 Effective Date JAN 01 1993  
TN No. 92-03